Approved Approved in Part Denied	All changes apply. Specify below which changes do not apply. State the reasons for denial below.
Approved in Part	Specify below which changes do not apply.
Approved in Part	Specify below which changes do not apply.
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Approved in Part	Specify below which changes do not apply.
Approved in Part	Specify below which changes do not apply.
Approved	All changes apply.
<u>-</u>	entified correction(s) is hereby:
	Tel. No. 703- 308-9390 ext. 11
r Your Assistance	Certificates of Correction Branch
	_Valerie Jackson
s shown in the certificate of co be or meaning of the claims be ch	
	orrecting Office and/or Applicant's errors, should the
s for an IFW, return to emp	ployee (named below) via PUBSCofC Team in
	rection Branch – South Tower – 9A22
•	
: ART UNIT 2186	
:6-20-05	Paper No.: _
	s for an IFW, return to emp to the change(s) requested, co s shown in the certificate of co be or meaning of the claims be ch

SPE RESPONSE FOR CERTIFICATE OF CORRECTION